

Child Support Order Summary Form

**This form must be completed and given to time Clerk or the Court, with a copy of the final order attached.
SUPPORT PAYMENTS UNDER THIS ORDER MUST BE SENT TO THE STATE OF IDAHO,
CHILD SUPPORT RECEIPTING, P.O. BOX 70008, BOISE, ID 83707**

Case # _____ County _____ Date of Order _____

Who is ordered to pay child support? (full name) _____

How much? \$ _____ How often: _____ weekly _____ monthly Beginning date: _____

Special child support terms in this order (check all that apply): _____ Cost of living increases

_____ Modification of a previous order _____ Decrease for visitation _____ Other _____

Is there an order for Wage Assignment? _____ Yes _____ No (If yes, please attach a copy of the Wage Assignment Order)

Plaintiff's full name _____ Male _____ Female

Social Security # _____ Date of Birth _____ Phone Number _____

Mailing address _____

Residence address (if different than mailing) _____

Employer name and address _____

Plaintiff's attorney: _____ Phone _____ City/State _____

Defendant's full name _____ Male _____ Female

Social Security # _____ Date of birth _____ Phone number _____

Mailing address _____

Residence address (if different than mailing) _____

Employer name and address _____

Defendant's attorney: _____ Phone _____ City/State _____

Children for whom support is ordered in this order:

Child's Full Name	Social Security #	Date of Birth	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If support is ordered for more than four children, please attach a separate sheet of paper with the information.

Print name of person who completed this form: _____ Date: _____

CHILD SUPPORT ORDER SUMMARY FORM

CAO 1-14 Effective 7/99